

COUNTY OF SAN DIEGO
Health and Human Services Agency
Children's Mental Health Services
MONTHLY STATUS REPORT

Template revised 7/1/05

Contractor:

Report Period:

Month	Year

Contract Number:

Date:

Program Name:

Payment Authorization Unit

RU Number(s): N/A

**Monthly Status Reports must be submitted by the 15th of every month via e-mail to
MHS-COTR.HHSA@sdcounty.ca.gov and your Program Monitor contact.**

1. NOTEWORTHY ACTIVITIES/UNUSUAL EVENTS - Regular monthly activities. Accomplishments, awards and positive events. Unexpected occurrences or risk management incidents. Transition age youth activities and issues.

2. COMMUNITY CONTACTS/INTERACTION WITH OTHER AGENCIES - Outreach efforts, routine and non-routine contacts or collaboration.

3. CLIENT SUGGESTIONS AND PROVIDER TRANSFER REQUESTS and NOA - Resolutions or provider response and actions initiated that would lead to a resolution. **E-mail Suggestions and Provider Transfer Request Log.** If none, please write "None" below. **Fax NOA Log(s).** If none, please write "NOA none" below.

4. PROGRAMMATIC ISSUES AND ACTIONS INITIATED TO SOLVE OR MITIGATE THEM - Any issues that interfere with the operation of the program and steps taken that would lead to a resolution.

5. EMERGING ISSUES OR POTENTIAL PROBLEMS - Current concerns that warrant direct discussion with Program Monitor or anticipatory problem solving.

6. QUALITY IMPROVEMENT ACTIVITIES - Include activities related to Improvement in Quality of Care and/or Services (i.e., Chart Reviews, Peer Reviews, Improvement Projects).

7. POSITION LISTING - List name and credentials of staff (as of last day of report month), the date of hire for this position, and ethnicity/languages spoken. If position is vacant, please state "vacant" in the "Staff Name and Credential" column.

0	0					
Position	Budgeted FTE	Actual Direct FTE	Actual Admin FTE	Staff Name and Credential	Date of Hire For This Position: MM/DD/YY	Ethnicity/Languages Spoken
Registered Nurses						
Registered Nurses						
Other Techs						
Other Techs						
TOTALS	0.00	0.00	0.00			

of trainees/grad students in field placement

0.00

NOTE: California Department of Mental Health requires the County of San Diego to provide information on cultural competency of service providers of specialty mental health services. To meet this requirement, contractors are required to complete an additional "Cultural Competency Form" twice in a fiscal year: (1) for the report month of July and (2) for the report month of December.

8. STAFF CHANGES - Employees who were hired or terminated during the month. List position, name and credential, date of hire/termination and ethnicity/languages spoken. If none, please write "None." If a position is vacant, please state length of time it has been vacant and describe rehire and coverage efforts here.

9. STAFF DEVELOPMENT/TRAINING - Employees who attended a training session, seminar, or workshop. List staff name, course title and the number of hours.

10. STATUS OF MONTHLY REPORTING REQUIREMENTS - Narrative and statistical description of accomplishment of outcome objectives specific to program.

OBJECTIVE(S): Complete TAR within 5 days of admission. Medical record eval within 3 days. Weekly medical necessity review. Appeals database data entry deadlines.

0	0
A. Monthly Wait List	
Total Number on Waiting List	Waiting Time* (days)
Waiting Time for Initial M.D. Evaluation (Days)	
Total Number of AB 2726 Waiting	
<p>*To determine the "Waiting Time" count the number of calendar days from the referral date to the date this report is completed for each client who has not yet been given an appointment. Add up the total number of days and divide by the total number of referrals. Enter this value under "Waiting Time."</p>	
<p>COMMENTS: Wait list = M/C, H/F, S/D, AB, AB/MC. Longest waiting AB2726 = days. Average wait time for AB2726 referrals = days.</p>	

CO-OCCURRING DISORDERS - Report progress in implementing CCISC/co-occurring disorders plans, such as staff training, signing of charter/consensus document, completion of COMPASS, CODECAT, identification of program leads, development of welcoming policy, etc.

11. ADDITIONAL INFORMATION REQUESTED BY CONTRACT ADMINISTRATOR

A. Service Units and Billing Units

Refer to your contract document (Contract Budget Summary) to obtain annual budgeted units.

Refer to InSyst report MHS 831 to obtain your actual units for the report month and PSP 354 for year-to-date (YTD) actual units.

Elapsed = YTD actual units divided by annual budgeted units.

0	0								
		Service Units				Billing Units			
Service Function	Annual Budgeted	Report Month Actual	YTD Actual	% Elapsed	Annual Budgeted	Report Month Actual	YTD Actual	% Elapsed	
MHS									
MHS-R									
MHS-TBS									
Med Support									
Crisis Intervention									
C M Brokerage									
Day Tx Intensive									
Day Rehab									
Other (Specify)									
TOTAL	-	-	-	-	-	-	-	-	

B. Statistical Information**Refer to InSyst MHS 206 and MIS-6 reports for number of admissions, discharges, active, and unduplicated cases.**

0	0		
Report Item		Report Month	Year to Date
Number of Admissions ("Open" from MHS 206 report) (Total number as of last calendar day of report month)			
Number of Discharges ("Closed" from MHS 206 report) (Total number as of last calendar day of report month)			
Number of active cases ("End Load" from MHS 206 report) (All open cases as last day of report month)			N/A
Unique Client Count ("Clients Served" from MHS206 report) (Total number as of last calendar day of report month)			
Number of Incident Reports (Summary total of all incidents reported as of last day of report month)			
Number of <u>Actual</u> FTE Mental Health Clinicians (exclude paraprofessionals)			N/A
Average Caseload per FTE (Number of active cases divided by the number of FTE clinicians)			N/A

C. School Site Locations**For each school site where you provide mental health services, please list the school name, # of hours per week, and # of current clients.**

School Site	Hours/wk	# Clients
School site #1		
School site #2		
School site #3		
School site #4		
School site #5		
School site #6		
School site #7		
School site #8		
School site #9		
School site #10		
School site #11		
School site #12		
School site #13		
School site #14		
School site #15		
School site #16		
School site #17		
School site #18		
School site #19		
School site #20		
School site #21		
School site #22		
School site #23		
School site #24		
School site #25		
School site #26		
School site #27		
School site #28		
School site #29		
School site #30		
TOTAL SCHOOL SITE DATA	0	0
School hours per week per Mental Health Clinician FTE	#DIV/0!	

APPROVAL

Name of Person Responsible for Monthly Status Report Content

Date